

WISCONSIN MOTOR CARRIER AUTHORITY APPLICATION

Wisconsin Department of Transportation
MV2843 6/2002

Business Type <input type="checkbox"/> Individual - Birth Date _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC - Incorporation Date _____ US DOT# _____ FEIN# _____	WDOT USE ONLY WI# AUTH# DATE ISSUED: FEES:
Legal Applicant Name (Insurance certificate and vehicle registration must be filed in this name.)	
Name and Address of each partner if partnership, officer and director if a corporation, each member if an LLC (Or attach a copy of the Articles of Inc)	
Trade Name (If an individual or partnership)	
Principal place of business/physical address	
Mailing Address	
List all types of commodities that you usually transport	

Type of For Hire Authority Requested

- ☐ **Wisconsin Intrastate Property Fee (LC – hauling within Wisconsin) = \$500.00**
- ☐ **Interstate Exempt (ICX - hauling exempt commodities between states) = \$25.00**
Note: A \$5.00 annual permit fee is required.
- ☐ **Interstate Regulated (IC – hauling manufactured/processed commodities for hire and charter buses or limousines hauling passengers) = no fee**
Note: We must have a copy of the FMCSA Certificate (MC Permit), the Federal Form BOC-3 Designation of Agents, and a completed Single State Registration Application along with a check for total fees for all states in which you will be hauling for hire.
- ☐ **Wisconsin Intrastate Passenger Fee (PC - hauling passengers on a fixed route within Wisconsin) = \$50.00**
- ☐ **AMENDED APPLICATION = no fee. (See instructions on reverse side.)**

Remittance – Make your check or money order payable to: **Registration Fee Trust**

Submittal – Mail the application and insurance to the following address:

Wisconsin Department of Transportation
Motor Carrier Insurance Unit
PO Box 7967
Madison WI 53707-7967
FAX: 608-266-6689

If you have any questions, please contact us at 608-266-1356.

Under penalty of perjury, I declare that to the best of my knowledge, information, and belief, the applicant has financial ability to provide cargo insurance or has adequate financial resources to pay damage claims and the information and statements given on this application are true and correct.

(Area Code – Telephone Number)

(Area Code – FAX Number)

(Signature)

(Date)

(Name - Print)

APPLICATION FOR WISCONSIN MOTOR CARRIER AUTHORITY

INSTRUCTIONS

Insurance - Arrange for liability insurance as required by s.194.41, Wisconsin Statutes. Have your insurance agent contact the Commercial Underwriter and request to have the insurance company send proof of insurance on a **Form E** Certificate of Liability to the Wisconsin Department of Transportation. (See address on reverse side.)

Interstate Regulated carriers are required to file a **BMC91X** Federal Liability Certificate.

Amended Application – If you add or delete a partner, or incorporate, you must file an amended application showing the change. A new certificate of insurance in the new name must also be filed.

Corporate Name Change – a copy of the amended articles of incorporation filed in the Office of the Secretary of State must accompany this application. Interstate regulated carriers must provide a copy of the FMCSA re-entitlement.

Note: Two or more corporations that merge and form a new corporation under a new name is not considered a Corporate Name Change

Transfer of Authority – Authority issued by the State of Wisconsin is not considered to be part of the sale of a business and cannot be transferred to the new owner.

If you are filing an Amended Application, you must indicate below the former name and existing authority number(s): (NOTE: Have you contacted other agencies with this name change: i.e., IRP, USDOT, IFTA, FMSCA AND IRS?)

Former Name	LC	IC
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If you are leaving a partnership and the other partners wish to continue operating, you must sign the statement below:

I relinquish the right to authority number(s)

LC	IC	MC
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(Signature)

(Date)

(Name – Print)